

|   |   |   |   |          |   |                         |   |          |  |                                |  |          |
|---|---|---|---|----------|---|-------------------------|---|----------|--|--------------------------------|--|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |   | Docket Number (Optional)<br>WEICKM-0041 |   |          |   |                         |   |          |  |                                |  |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of<br/>Axel ULLRICH et al.</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number<br/>10/506,962</td> <td style="padding: 2px;">Filed<br/>April 19, 2005</td> </tr> <tr> <td colspan="2" style="padding: 2px;">USE OF EGFR TRANSACTIVATION INHIBITORS IN HUMAN<br/>For CANCER</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit<br/>1643</td> <td style="padding: 2px;">Examiner<br/>BRISTOL, LYNN ANNE</td> </tr> </table>  |   |   | In re Application of<br>Axel ULLRICH et al.                       |          | Application Number<br>10/506,962                        | Filed<br>April 19, 2005 | USE OF EGFR TRANSACTIVATION INHIBITORS IN HUMAN<br>For CANCER |          | Group Art Unit<br>1643                                   | Examiner<br>BRISTOL, LYNN ANNE |  |          |
| In re Application of<br>Axel ULLRICH et al.   |   |   |   |          |   |                         |   |          |  |                                |  |          |
| Application Number<br>10/506,962  | Filed<br>April 19, 2005   |   |   |          |   |                         |   |          |  |                                |  |          |
| USE OF EGFR TRANSACTIVATION INHIBITORS IN HUMAN<br>For CANCER   |   |   |   |          |   |                         |   |          |  |                                |  |          |
| Group Art Unit<br>1643  | Examiner<br>BRISTOL, LYNN ANNE  |   |   |          |   |                         |   |          |  |                                |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> |   |   | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____                | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))     | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____                       | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120.00  |   |   |          |   |                         |   |          |  |                                |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$ _____  |   |   |          |   |                         |   |          |  |                                |  |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ _____  |   |   |          |   |                         |   |          |  |                                |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ _____  |   |   |          |   |                         |   |          |  |                                |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$ _____  |   |   |          |   |                         |   |          |  |                                |  |          |
| <u>October 29, 2007</u><br>Date   | <u>/Anthony J. Zelano/</u><br>Signature<br><br><u>Anthony J. Zelano, Reg. No. 27,969</u><br>Typed or printed name |   |   |          |   |                         |   |          |  |                                |  |          |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>   |   |   |   |          |   |                         |   |          |  |                                |  |          |